

Incomplete documentation will not be processed.

AFFIDAVIT OF NONRESIDENCE AND MILITARY SERVICE EXEMPTION FROM SPECIFIC OWNERSHIP TAX

THIS AREA *MUST* BE COMPLETED

APPLICANT - You may not use this form unless the vehicle owner is on active military duty assigned to a unit in Colorado or was assigned to a unit in Colorado from which they were assigned to an unaccompanied/remote assignment. Only the active military individual or a lawful agent with power of attorney (POA) may execute this affidavit. This affidavit is valid for 60 days. Registration transaction must be completed within 60 days of affidavit execution.

Name		Social Security Number	
Colorado Temporary Residence (Street Address, City and ZIP)		County	
Colorado Military Installation Assigned to		Duty Telephone Number ()	
Vehicle Identification Number (VIN)		Year	Make Body
State Where Vehicle Purchased	Date of Purchase	State of Legal Residence (State Income Tax filed in and/or State registered to Vote)	

I, being first duly sworn, claim exemption from the Colorado Ownership Tax on the motor vehicle listed above under the Soldier's and Sailors' Civil Relief Act contained in Section 574, Title 50 App. U.S.C. I am registering this vehicle in Colorado and claiming exemption from the Ownership Tax because the motor vehicle is located in Colorado as a result of my military service. To support my claim, I further state that:

- I am not a legal resident of the State of Colorado.
- I am a member of the Armed Forces of the United States, on permanent active duty in Colorado or on unaccompanied/remote assignment. (Copy of orders attached).
- I swear or affirm under penalty of perjury that this vehicle will not be used in any trade or business in the State of Colorado. Should this vehicle be used as a part of a business, the vehicle will be subject to full payment of all taxes due.

Military Owner's Signature <i>with Military ID required</i>		Date
By Military Owner's Spouse <i>with Copy of Orders and POA attached</i>		Date
By Military Owner's Agent (POA) <i>with Copy of Orders and POA attached</i>		Date

NOTE: Military Installation Certification must be completed on reverse side.

I. CERTIFICATION OF OFFICER OF MILITARY INSTALLATION

I certify that I am the _____ of _____
Title Unit

and that _____ is known to me to be a United
Applicant

States Armed Forces member on active duty assigned to this military installation. This information has been verified from official military records to which I have access in my official capacity.

Signature of Officer

Rank

Military Installation

Duty Telephone Number
()

II. CERTIFICATION BY LEGAL ASSISTANCE OFFICER OR DEPUTY COUNTY CLERK

(May be used in lieu of Certification I. above)

Subscribed and Sworn to before me by _____
Name of person signing statement or lawful agent with POA

who personally appeared before me and stated under oath that he/she is the military owner or lawfully appointed agent, for the person named in this affidavit and that the contents are true to the best of his/her knowledge, this _____ day of _____, _____. I further certify that I personally examined the military identification card, proof of the vehicle ownership, and/or Power of Attorney if applicable, in the applicant's possession, and am satisfied that he/she is the proper person to claim the exemption.

Notary Public Assigned to Legal Office, Legal Assistance Officer or Deputy County Clerk

Notary Commission Expires

(SEAL)

Military Installation or County Clerk's Office

Duty Telephone Number
()

III. VERIFICATION OF ABSENCE

(Must be completed when affidavit for exemption is executed or lawful agent
by Power of Attorney in military owner's absence.)

I certify that I am the _____ of _____
Title Unit

and that the Armed Forces member is regularly assigned to my unit. He/she is temporarily absent

from _____ on temporary duty until _____
Location Date

and cannot be present to personally register his/her motor vehicle and claim exemption from Colorado ownership taxes.

Signature of Officer

Rank

Military Installation

Duty Telephone Number